

**MONTHLY BILLING RECONCILIATION
PROCESS FOR HEALTH,
DENTAL, LIFE & LTD**

DEPARTMENT OF ADMINISTRATIVE SERVICES

REVISED JANUARY 2018

BILLING REPORTS:

- ◆ The following monthly billing reports (when applicable) will be furnished to each agency on Centralized Payroll by DAS. These reports are run following rewrites after the first payday of each month.

-	Health Insurance Refund Report	075N192A
-	Health Insurance Change Report	075N192B
-	Health Insurance Deduction Report	075N192C
-	Dental Insurance Refund Report	075N181A
-	Dental Insurance Change Report	075N181B
-	Dental Insurance Deduction Report	075N181C
-	Health/Dental Insurance Billing Summary	075N193A
-	Health Ins. Changes for (Month – 1 for each plan)	075N472A
-	Dental Ins. Changes for (Month)	075N184A

- ◆ Other reports that may you may receive as needed

-	Listing of Terminated Employees - Health	S075N198A
-	Listing of Terminated Employees - Dental	S075N198B
-	Report of Employees with Invalid Life Ins Codes	552H240A*
-	Group Life with Zero State-Share Messages	075N430A*
-	Leave Code 53/54/57/59 Leave Report	552H405A*
-	Change Ins Premium Due To Age Change	S552H229*

** These special reports for Life and LTD insurance will come with a memo attached with directions on what to do for any employees on the report. See Memos and Reports, Appendix A.*

- ◆ The departments should have their billings balanced with adjustment submitted to DAS-SAE within 4 weeks of the run date on the Billing Summary report.
- ◆ Each carrier's information is separated on the billing report pages. The name of the carrier will be at the top of each report/page. You will need to use the Payroll Journal Recap Reconciliation Worksheet (Appendix B) to balance the numbers from your payroll journals to the insurance billing summary report for each individual carrier.

The Active Health and Dental carriers for the current year are:

- National Choice (Blue Cross)
- Iowa Choice (Blue Access)
- SPOC - Alliance Select PPO
- Delta Dental
- Dental SPOC

PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET:

Begin balancing each account by completing a Payroll Journal Recap Reconciliation Worksheet (Appendix B). This worksheet will provide the information needed to assist in balancing the payroll journals with the Billing Summary reports (075N193A) from your monthly billing packet.

♦ Completing Reconciliation worksheet: (*Appendix B & B1*)

1. In data warehouse, use the insurance deductions report to find your totals for each pay period for the month you are reconciling.

OR

- Use the grand totals page of the payroll journal from the data warehouse for each pay period for the month you are reconciling. (Example B-1)
2. Use the grand totals page for any rewrites and/or cancellations for the same pay periods from the data warehouse. (Example B-2)
 3. Enter employee and state share totals on reconciliation worksheet for each carrier your department has for each pay period, including rewrites and cancels. (Examples B-1 & B-2)
 4. Subtract any automatic refunds from reports 075N192A and 075N181A (Example B-3)
 5. Add or subtract employees who transferred between carriers from reports 075N192B and 075N181B.

Quick tip! Look for different codes between the first half deduction and the second half deduction on the 075N192B report (Example B-4)

6. Add or subtract employee share and/or state share for those employees who transferred in or out of your department during the month.
7. Enter totals from billing summary 075N193A (Example B-5)
8. Any differences need to be reconciled

Quick Tip! Make sure you are comparing the Insurance Deduction Report and Billing Summary report amounts with the payroll journals for the correct pay periods covered on the report. For example: if the report is for January, use the pay periods in December from which deductions were made for January coverage. A sample Deduction Schedule is included in this packet (Appendix I-1). You should receive a new one from the Benefits Team annually.

HEALTH AND DENTAL INSURANCE DEDUCTION ADJUSTMENTS:

A. Billing Summary Form (075N193A *Appendix C*): Complete the Billing Summary form as follows (example C-1):

1. Check the column under “Balanced” for each carrier that balanced.
2. If the carrier needed adjustments done for the month, check the “Adjustments Attached” column by that carrier.
3. If there are employee checks being submitted with the billing adjustments, check the “Checks Attached” column by that carrier.
4. Complete any **Trustee Report Adjustments Forms** (TRA) (CFN 552-0570), and corresponding paperwork for any necessary billing adjustments and send with the Billing Summary form.
5. Return the Billing Summary form with any adjustments to: Insurance Billings DAS-SAE.

B. Trustee Report Adjustments Form (CFN 552-0570 *Appendix D*): Complete TRA as follows:

1. Do a separate TRA for each **carrier**, and for each **month**. (example D-1)
2. List all employees whom you are making adjustments for, for that carrier and month on one Trustee Report Adjustments form.
3. Complete the appropriate forms for each employee’s adjustment
 - State Share Transfer (if eligible)
 - Transfer Between Carriers
 - Refund form
 - Attach check (if needed) for complete adjustment

Quick Tip! You can find the adjustment form, state share transfer, transfer between carriers and refund forms at: <https://das.iowa.gov/human-resources/hr-info-hrapa#InsBillings>

◆ Completing the Insurance Trustee Report Adjustments Form

1. For Month of: Enter the month the adjustments are for.
2. Insurance Carrier: Enter the name of the insurance carrier (ie National Choice, Iowa Choice, Delta Dental)
3. Three Digit Department Number: Enter the your 3 digit department number
4. Dept. Name: Enter the name of the department
5. Date Completed: Enter the date you completed and sent the form to SAE.
6. Date of Revision: Enter the date the revision was completed, if this is a revision of a TRA that was already submitted to DAS.
7. Page # of: Enter the page number and the total number of pages.

8. Dollar Amount: Enter the total dollar amount from the insurance summary reports for that carrier/plan. (075N193A)
9. EE's: Enter the total number of employees enrolled in that plan from the insurance summary report totals from reports 075N193A.
10. Name: Name of employee that the adjustment is for.
11. SSN: The employee's social security number.
12. Code:
 - FR- This is the health/dental code that an employee is going out of or is being removing from the billing. All refunds will be "FR" codes.
 - TO- This is the health/dental code that is being added to the billing. If your person is on leave and you are just adding them on to your billing or they are changing to a new code, the code goes on the "to" side.
13. Explanation: Explain the reason for the adjustment; include dates or the number of months they are being added as State Share eligible for FMLA and Worker's Compensation. (Ex., "leave without pay 7/10 to 7/23, less than 30 days" or "FMLA #2".)
14. +/- Total (under Dollar Amount column): Put a plus or minus depending on whether you are adding or subtracting the amount from your billing, and enter the amount of the adjustment.
15. +/- Total (under EE's column): Put a plus or minus depending on whether you are adding or subtracting the employee from your billing, and enter a "1" for each employee.

➤ Additions: Reasons for additions

- Employees who, for any reason, were eligible for health insurance coverage for the month but were not included on the insurance deduction report (075N192C or 075N181C).
- Leave Without Pay: Employees who are on leave without pay and who are eligible to continue insurance coverage by paying either the State Share and employee's share of the premium or just the employee share if they are eligible for the state share due to FMLA or Work Comp designation. Please check for eligibility if you have a question.

➤ Subtractions: Employees who are on the report in error.

- Other Changes: Employees who had an incorrect deduction, administrative error, etc.

16. Corrected Total: Total the "Dollar Amount" and "EE's" columns

C. State Share Transfer Form (CFN 552-0335, *Appendix E*): Complete a State Share Transfer (example E-1) any time the department owes for a missed state share for an employee or owes more than what was pulled from payroll. (ie switched to a higher priced plan)

1. Department: Name of employee's department.
2. Date: Enter the date you are completing the form.
3. Employee Name: The name of the employee you are paying state shares for.
4. SSN: Employee's social security number.
5. Payroll Number: The employee's 10-digit payroll number. (first 10 digits seen below - found on the employees EI screen in HRIS)

```
|
+----- POSITION INFORMATION -----
| NUMBER: 588-153-2110-00711-001
```

6. Reason for Transfer: The reason for the transfer and why the employee is eligible for the state share.
7. Insurance Plan: Write out the name of the insurance carrier/plan that the shares are being paid to.
8. Amount: The amount of the state shares owed.
9. Insurance Code: The employee's insurance code. (Ex. CE400)
10. For Month of: The month of insurance that the premium is owed for.
11. Authorized by: Make sure to sign or get a signature from someone in the department that is authorized to sign insurance documents.

Example 1: The employee had hours in the 1st pay period, and no hours in the 2nd pay period of the month when the state share premiums were pulled

1. A TRA form for the carrier involved is needed.
2. A **State Share Transfer** for the premium due from the department is needed.
3. A check from the employee, made out to Treasurer-State of Iowa, for their 2nd half deduction will need to be collected if an employee share is needed

Example 2: The employee has exhausted all FMLA and had no hours in either pay period for the month.

1. A TRA form for the carrier will be needed.
2. A check from the employee for the full amount of the premium (employee and state share) will need to be collected.
3. **No State Share Transfer form is needed**

D. Refund For Health, Dental, Life Insurance Form (CFN 552-0334, *Appendix F*):

Complete a Refund form (example F-1) any time an employee share or state share should **not** have been deducted for that month or the employee changed to a less expensive insurance plan. A separate refund form will need to be completed for each type of insurance.

Quick Tip! If you receive a Health/Dental Listing Of Terminated Employees” report (S075N198), this means premiums were pulled for a month after the employee’s termination date. You will need to complete the refund form for that employee to return the overpayment back to the employee and/or department.

1. Name: Enter the name of the employee that you are removing or changing.
2. Department: Enter the department name
3. Date Submitted: Enter the date you are completing the form for submission.
4. Pay Period of Over-deduction: List the pay periods that the premiums pulled for that employee and/or department that shouldn’t have.
5. Payroll Number: Enter the employee’s 10 digit payroll number. (first 10 digits of the number below)
6. Class and Position: Enter the class and position numbers. (The last 8 numbers below)

```
|
+----- POSITION INFORMATION -----
| NUMBER: 588-153-2110-00711-001
```

7. Employee Number: Enter the person’s employee number.
8. Social Security Number: Enter the employee’s social security number.
9. Insurance Type: Enter an H for health, a D for dental and an L for life or LTD, depending on what insurance type you are doing the refund for.
10. Date: This is the date of the month’s premium that you are actually refunding. Enter this date in the MM/YY format. (i.e. 07/18).
11. Insurance Code: Enter the code that is being removed from the billing or the code that the employee is transferring out of.
12. Pre-Tax Flag: Enter a Y or an N for whether or not the employee is participating in the Pre-Tax program for insurance deductions. (The Pre-tax Flag can be found on the PAYL screen or the EI module in HRIS.)
13. Refund Amount for Employee: Enter the employee share amount that will be refunded.
14. Refund the State Share Amount: Enter the state share amount that will be refunded.

15. Reason for Refund: Enter a reason code from the selection listed on the form.
16. Explanation: Use this section to explain further the details of the refund.
17. Authorized Claim Signature: The form must be signed by someone from the department that is eligible to sign insurance billing documents.

Example 3: Employee goes from Iowa Choice family to Iowa Choice single coverage after the state shares have already been paid.

1. The premium for Iowa Choice family CE600 state share = \$1,518.00, EE share = \$150.00
2. The premium for Iowa Choice single CE400 state share = \$ 672.00, EE share = \$40.00
3. Complete a TRA form showing \$956.00 being subtracted from your Iowa Choice totals.
4. Complete a Refund form for \$846.00(\$1,518.00 - \$672.00) to be returned to the department for the state share and \$110.00 (\$150.00-\$40.00) to be refunded to the employee for the employee share.

Example 4: Employee goes from National Choice family to Iowa Choice family coverage after employee and state shares have already been paid.

1. The premium for National Choice family SE600 \$1,791.00 (\$1,518.00 state share + \$273.00 employee share)
2. The Premium for Iowa Choice family CE600 \$1,668.00 (\$1,518.00 state share + \$150.00 employee share)
3. Complete a TRA form showing \$1,791.00 being subtracted from your National Choice totals.
4. Complete a Refund form for \$123.00 (\$273.00 – \$150.00) to be refunded to the employee.
5. Complete a TRA from showing \$1,668.00 being added to Iowa Choice.
6. Complete a Transfer Between Carriers form for \$1,518.00 state share and \$150.00 employee share.

E. Automatic Refunds If a P1 or adjustment in IowaBenefits is entered for a change in insurance code between the 1st and 2nd pay period of a month, the second half's pay period deduction will **automatically adjust** and pull the correct amount. The system will automatically request refunds or will make up underpayments on the second check.

If the amount deducted in the first pay period for deductions is more than it should be, the “overage” will automatically be refunded to the employee. Check the Insurance Refund Report. (075N181A or 075N192A)

When an employee share deduction has been made for the first half of the premium but not the second half, proceed as follows:

If the employee is being dropped from a plan:

- The amount shown on the Refund Report will automatically be refunded to the employee. Do not submit a Refund form.

If the employee is to remain on the plan:

- If the employee is on the Insurance Refund Report (075N181A or 075N192A Appendix B-1 Example B-3) you will need to do a billing adjustment to pay their premiums and keep them on the plan.
- Collect a personal check from the employee for the balance still owed for the second half of the employee share of the premium if they are on a plan with an employee share.
- Submit the check with a State Share Transfer form for the state share (if eligible)
- Submit a Trustee Report Adjustment form to DAS-SAE.

Reminder: If a second deduction is not required due to a change in plans, and the employee’s name is on an Insurance Refund Report, any overage will be automatically refunded.

Example 5: The employee switches from Delta Dental single to Delta Dental family after the first pay period deduction for a month.

1. Delta Dental single has no employee share but Delta Dental family does
2. The system will automatically adjust and pull the full employee share (\$39.70) during the second pay period deduction

Example 6: The employee switches from Delta Dental family to Delta Dental single after the first pay period deduction for a month.

1. Delta Dental family employee share of \$19.85 would have been paid by the employee during the first pay period deduction.
2. The employee will automatically receive a refund for the \$19.85 as shown on the 075N181A report.

F. Employee and/or State Share Transfer Between Carriers Form (CFN 552-0576, Appendix G):

The Transfer between Carriers form (example G-1) is used to transfer premiums that incorrectly went to the wrong insurance plan. For example, an employee changed from National Choice to Iowa Choice but the change in IowaBenefits was entered late and the premiums already went to National Choice.

1. Department: Enter the name of your department.
2. Date: Enter the date you are completing the form.
3. Employee Name: Enter the name of the employee
4. SSN: Enter the employee's social security number.
5. Payroll Number: Enter the employee's 10-digit payroll number.
6. Month: Enter the month and year of the billing you are adjusting for.
7. Reason for Transfer: Quickly explain what happened and why you need the payment corrected.
8. FROM Insurance Plan and Insurance Code: The insurance plan and code that was incorrectly deducted. (i.e. National Choice SE600)
9. TO Insurance Plan and Insurance Code: The insurance plan and code the employee was supposed to be in. (i.e. Iowa Choice CE600)
10. Employee's Share: Enter the amount of any employee shares that went to the incorrect carrier. (There may be either an over or under payment that will need taken care of with a check from the employee or a Refund form.)
11. State Share: Enter the amount of any state shares that were paid to the incorrect carrier. (There may be an amount either an over or under payment that will need taken care of with a State Share Transfer form or a refund form.)
12. Authorized by: Make sure the form has an authorized department signature.

Example 7: Your employee was in a National Choice SE400 code when the premiums were pulled and they should have been in an Iowa Choice CE400 code.

1. The National Choice SE400 premium is \$672.00 state share and \$93.00 employee share.
2. The Iowa Choice CE400 premium is \$672.00 state share and \$40.00 employee share.
3. Complete a TRA form for Iowa Choice showing \$712.00 and one employee being added to Iowa Choice.
4. Complete a Transfer between Carriers form for \$672.00 state share and \$40.00 employee share because these are the amounts that were paid to the wrong carrier and need transferred.
5. Complete a TRA form for National Choice showing \$765.00 and one employee being subtracted from National Choice.
6. Complete a Refund form for the remaining \$53.00 (\$93.00 - \$40.00) to be refunded back to the department

Example 8: Your employee was in a National Choice SE400 code when the premiums were pulled and they should have been in an Iowa Choice CE600 code.

1. The National Choice SE400 premium is \$672.00 state and \$93.00 employee share
2. The Iowa Choice CE600 premium is \$1,518.00 state share and \$150.00 employee share.
3. Complete a TRA form for National Choice showing \$765.00 and one employee being subtracted.
4. Complete a TRA form for Iowa Choice showing \$1,668.00 and one employee being added.
5. Complete a Transfer between Carriers form for \$672.00 state and \$93.00 employee share because this is the amount that was paid to the wrong carrier and needs to be transferred.
6. Complete a State Share Transfer form for the remaining \$846.00 state share.
7. Collect a check from the employee, written to the State of Iowa for the remaining \$57.00 employee share owed.

LIFE AND LONG TERM DISABILITY INSURANCE: (CFN 005-01 *Appendix H*)

The current active carrier for Life and Long Term Disability (LTD) insurance is The Standard.

◆ **Forms:**

- Life/LTD State Share Transfer (CFN 005-01 Example H-1) – To pay state share amounts owed by the department.
- Employee Supplemental life payment (CFN 005-02 Example H-2) – Form to be used to attach employees check for the employee cost of the supplemental share.
- Refund form (CFN 552-0334) - Refunds state shares to departments or employee supplemental payments to the employee.

Important! Even though they go together, Life and LTD are separate billings. Please use separate forms for each. Do not batch Life and LTD amounts together on one form.

State Shares: Unlike health and dental, the employees ***never*** pay for state shares of Life and LTD. The State always pays the state shares if an employee is out due to their own health reasons, even if they are no longer covered under FMLA. Only collect from employees for their shares for Supplemental Life not for the State Shares for Basic Life or LTD. You will need to do State Share Transfers for those. Checks for supplemental life are written to the Treasurer, State of Iowa.

Leave Codes: If you put an employee on a **leave code 53, 54, 57 or 59**, the **state's share** of Life and LTD premiums will be **automatically taken** out of payroll and no state share form is needed. If the employee has supplemental life insurance, you will need to verify that the employee had enough hours for the pay period to pay for the supplemental insurance. Otherwise, the employee will need to write a check or money order to pay for their supplemental life.

- **Quick Tip!** When sending a check please make sure to attach the check to the employee supplemental life payment form (CFN 005-01 appendix H example H-2)

If an employee does not receive any pay and is not in a leave code, the system will assume the employee is in an 'unpaid status' and the state share for life/LTD will **not be taken.** You will need to do an adjustment for both the state shares and the supplemental amount if applicable. If the state shares do not pull for an employee and they need to be added to the billing, you will also need to do a state share for LTD as well as for Life insurance. Please use separate forms for the employee's life insurance and LTD insurance. (Appendix H example H-1)

THINGS TO KNOW

EMPLOYEES TRANSFERRING BETWEEN DEPARTMENTS:

1. Transferring Between Centralized Payroll agencies
 - a. The department that the employee is in at the time of the payroll deduction pays the premiums. (If the transfer requires the employee to change insurance codes due to a change in bargaining unit, the receiving agency will need to collect any extra premiums owed if any.)
2. Transferring Between Payroll Systems
 - a. For transfers in or out of Centralized Payroll, the receiving agency pays beginning with the first of the month following the transfer date.
3. Transferring From Regents
 - a. If the employee is MERIT covered with Regents, they are effective on our insurance plans the first of the month following the transfer.
 - b. If the employee was faculty or a professional/scientific covered employee, they are effective on our insurance the first of the month following 30 days of employment on Centralized Payroll.

LATE ADJUSTMENTS:

When a billing adjustment needs to be made, which isn't caught until after you have done your insurance billing for that month and the original deadline for that month's billings has passed, proceed as follows:

1. Send a revised Trustee Report Adjustments form and any other forms or documentation to DAS-SAE 3rd Floor Hoover.
2. Any previous month adjustments will be reviewed and processed once a month along with the current month's adjustments.
3. Please be reminded that in order for revisions to be easily distinguished from original adjustments use a new TRA form and date it under revisions. There is a line for "Date of Revision #1" and "Date Of Revision #2" on the TRA form. On the "For Month Of" line, put the name of the month that the adjustment is actually for (not the current month).
4. Adjust your total amounts and employee totals on the new TRA to reflect the new adjustment.

SUBMISSION OF FORMS:

Always send the **original and one copy** of:

1. The Trustee Report Adjustments (TRA)
2. State Share Transfer
3. Request for Refund
4. Employee and/or State Share Transfer Between Carrier forms
5. Checks from employees. If there is an employee share of a premium due, you will need to collect a check or money order from the employee. Make sure the check is written to the **"Treasurer, State of Iowa"** and that it is for the correct amount.

Since adjustments are requested timely, **do not add any names to the Trustee Report Adjustments form for which you are still waiting for an employee's check.** Add any adjustments for these employees as a revision later after you receive their check.

List only one person for one month on a State Share Transfer form or Request for Refund form.

Sort by carrier (National Choice, Iowa Choice, Delta Dental, SPOC and SPOC Dental) and attach all necessary forms to the TRA for that carrier/plan to ensure documentation will not be misplaced.

Submit the completed billing reconciliations to the Department of Administrative Services- Insurance Billings-State Accounting Enterprise-Payroll on the 3rd floor of the Hoover State Office Building.

KNOW WHEN YOU NEED TO MAKE AN ADJUSTMENT:

1. When an employee's name does not appear on the deduction report (075N192C or 017N181C) an adjustment may need to be done. First check for a leave reason. If the employee is still an active employee and has not dropped or changed coverage an adjustment will need to be completed.
2. If an employee shows up on the Change Report (075N472-A or 075N184-A), in the code 08 for "*Subscriber Placed On Leave Of Absence*", check to see if that person is eligible for insurance and if an adjustment needs to be made.

3. Make note of any changes of an employee's insurance where the P1 was entered late for the pay period of the appropriate insurance deduction for the change.
4. If you had anyone terminate their employment before a month in which premiums have already been pulled for, you will need to do an adjustment.

REASONS WHY EMPLOYEES MAY BE ELIGIBLE FOR STATE SHARES:

1. If the leave without pay is under 30 days. Dates of leave should be listed on the State Share Transfer.
2. If the leave without pay is due to Workers' Compensation, the date of injury, the last day in a paid status and the month number (1 through 4) should be listed on the State Share Transfer.
3. If the employee is on FMLA leave. Write FMLA on the explanation and the month number of the state share being applied for the leave reason. (Ex: FMLA #3, meaning third month they are getting the state share applied due to FMLA leave.)
4. Administrative errors. Include explanation on all State Share Transfers. (Ex: Because of wage assignment the employee and state shares were not pulled. The insurance code was incorrect. The insurance code did not get entered in time. Etc.)

Important Note! When an employee is on leave without pay for more than 30 days, and is not covered by another leave program such as FMLA, the employee is not eligible for a State Share contribution and must pay the full health or dental premium in order to continue coverage. The same is also true once an employee runs out of FMLA or Worker's Compensation state share eligibility. Add the employee's name to the Trustee Report Adjustments form during each month the employee is on leave without pay.

GENERAL LEAVE INFORMATION:

1. Employees are eligible for the State Shares of insurance if they are covered by FMLA for 12 weeks and Worker's Compensation for up to four months after they stop supplementing or if they are not supplementing worker's compensation. If they are on leave without pay that is not covered by FMLA or Work Comp, they are eligible if they have not been gone more than 30 days.
2. If an employee is on leave without pay for over 30 days, they are no longer eligible for the state shares beginning the month after they run out of their own time and will be eligible for the state shares again the first of the month following their return to work.
3. If an employee is on Catastrophic Leave and they are out of FMLA, they must work 20 hours per pay period to be eligible for the state shares.
4. If you have an employee on Catastrophic leave, the HRIS system checks the Base Pay field to see if there is enough pay to pull the employee shares. If there are not enough hours, the employee share will not be paid. Catastrophic donated hours don't count as Base Pay.
5. If you have an employee that goes out on LTD, their insurance will continue until the end of the month in which they are **being taken off payroll** due to LTD approval.
6. If you have an employee who goes on military leave, Life and LTD insurance ends the day the employee reports for active duty and is reinstated upon their return.

APPENDIX A

MEMOS & REPORTS



January 22, 2018

MEMORANDUM

TO: Human Resource Associates

FR: Sandy Mezera, Department of Administrative Services

RE: Invalid Life Insurance Codes

The attached report lists employees with invalid life insurance codes. The code is either incorrect because of the employees age or union affiliation. Please take the appropriate measures to correct this life code.

Include on the P1 the date the change was effective (ie: to SPOC 9/20/13). The life code should be changed the month following the age or union change. If not, State Share Transfer forms or checks from the employee must be sent to DAS-State Accounting to correct the premiums.

Thank you for your assistance in this matter. If you have any questions, please give me a call at (515) 281-8999.

Enclosure



January 22, 2018

MEMORANDUM

TO: Human Resource Associates

FR: Sandy Mezera, Department of Administrative Services

RE: Life Insurance Changes Due to Age Change

I have attached a report listing employees who, due to a change in age, have changes in their life insurance for the first of the month following their date of birth. The change is either the amount of premium, or the amount of coverage.

Please notify the employee(s) on the list of the change in his or her life insurance. Thank you for your assistance.

Enclosure



January 22, 2018

MEMORANDUM

TO: Human Resource Associates

FR: Sandy Mezera, Department of Administrative Services

RE: Life & LTD - Leave Without Pay Codes

The attached report lists employees in a leave status 53 (FMLA For Family Member), 54 (Medical Leave Without Pay), 57 (Medical Intermittent Leave), or 59 (Temporary Layoff).

If an employee is in leave code 53, 54, 57, or 59, the state's share of life and long term disability (LTD) premiums **will** be taken from payroll. If the employee has supplemental life insurance and the supplemental premium was not paid, forward the employee's check or money order for the supplemental premium to the address below.

If an employee is not in any of the above leave codes and **not** approved for LTD, complete "State Share Transfer" forms (CFN 552-0335) for life and LTD premiums. If the employee has supplemental life insurance, forward the employee's check or money order, with the transfer forms to:

DAS – State Accounting Enterprise
3rd Floor, Hoover Building
ATTN: Sandy Mezera

If you have any questions, please give me a call at (515) 281-8999.

Enclosure



January 22, 2018

MEMORANDUM

TO: Human Resource Associates

FR: Sandra Mezera, Department of Administrative Services

RE: Life Insurance Premiums

Attached is a report listing employees who are not placed in a leave code. Life and long term disability (LTD) premiums were **NOT** paid for the employees listed. **NOTE:** This report is printed before rewrites. Check the rewrite report for life and LTD deductions before paying premiums.

If an employee is on **non- medical unpaid leave less than 30 days**, complete "State Share Transfer" forms for the State's life and LTD premiums. Supplemental life premiums must be paid by the employee. If the employee does not pay their supplemental premium, complete a P-1 # 292 to decrease the insurance to the basic coverage.

Employees on **unpaid leave for more than 30 days for reasons other than medical leave** are not eligible for life or LTD. Employees must be placed in leave code 50. **YOU MUST NOTIFY THE EMPLOYEE OF THE CONVERSION PRIVILEGE.** If the employee returns within six months, reinstate the life insurance on the first day of the month following the return.

If an employee is on **unpaid medical leave or intermittent medical leave**, complete "State Share Transfer" forms for the State's share of life and LTD premiums. Employees should be placed in a leave code 54 or 57. This will allow the State's share of Life and LTD premiums to be paid automatically.

Employees on **family medical leave (FMLA) for reasons other than their own illness** must be placed in a leave code 53. This will allow the State's life and LTD premiums to be paid automatically.

Employees must pay supplemental premiums until LTD benefits are approved. Send a personal check or money order for the employee's supplemental premium. Write checks to "Treasurer, State of Iowa" and in the memo portion write: Life Ins. (month). Checks and forms must be sent to:

DAS-State Accounting Enterprise
3rd Floor Hoover Building
ATTN: Sandy Mezera

Enclosure

APPENDIX B

PAYROLL JOURNAL RECONCILIATION WORKSHEET

PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET

Department	National Choice/Blue Cross			Delta Dental			Blue Advantage			Iowa Choice/Blue Access		
	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total	EE Share	State Share	Total
Regular Payroll												
Pay period 1			-			-	-			-		-
Pay period 2			-			-	-			-		-
Add Rewrites from DW rewrite reports												
Pay period 1			-			-	-			-		-
Pay period 2			-			-	-			-		-
Subtract Cancels from DW cancel report												
Pay period 1	-		-	-		-	-			-		-
Pay period 2	-		-	-		-	-			-		-
Subtract Automatic Refunds - 075N192A or 075N181A												
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Transfers between Carriers (+ or -) - 075N192B or 075N181B												
			-			-				-		-
			-			-				-		-
			-			-				-		-
Transfers between Depts (+ or -)			-			-				-		-
			-			-				-		-
			-			-				-		-
			-			-				-		-
Totals	-	-	-	-	-	-	-	-	-	-	-	-
Amounts from Billing summary - 075N193A			-			-				-		-
Difference			-			-				-		-
CFN 005-04 5/14												

APPENDIX B-1

REPORTS USED TO COMPLETE PAYROLL JOURNAL RECONCILIATION WORKSHEET

Example B-1

Payroll Journal Final PP1

Report ID: 075N436-A		STATE OF IOWA	
Source: HR Payroll		PAYROLL JOURNAL	
Department: [REDACTED]		FINAL	
PP Begin Date: 12/01/2017		Run Flag:	
Report Type: Regular Biweekly Payroll		PAYROLL JOURNAL FINAL	
GRAND TOTAL		Pay Period 12/1/17 to 12/14/17	
Employee Pay		Employee Share	State Share
Base Pay	535,866.93	Fed WH 1101 66,137.52	FICA 1311 41,432.55
Lead Worker Pay	0.00	Maint/Commute/Miles 1102 0.00	IPERS 1312 5,845.39
Special Duty Pay	0.00	State WH 1103 26,556.71	Jud Retire. 1313 0.00
Call Back Pay	0.00	Charitable Contributions 1104 92.00	Pol. Retire. 1314 0.00
Standby Pay	477.74	FICA 1105 41,511.61	Blue Cross 1315 0.00
Subsistence Pay	371.20	Jud Retire. 1106 0.00	Life Insurance 1317 665.23
Extraordinary Pay	0.00	Pol Retire. 1107 0.00	L.T. Disability 1318 3,265.65
Educational Diff Pay	0.00	IPERS 1108 3,894.72	Spoc Health 1320 0.00
Commute Miles Pay	0.00	Employee Org. Dues 1109 0.00	Deferred Comp 1322 2,144.50
Longevity Pay	0.00	Blue Cross 1110 1,346.25	Dental - NonSpoc 1323 0.00
Shift Differential	4,271.28	Temporary Deduction 1114 0.00	FICA - Police 1330 0.00
Term Leave Pay	12,183.09	Credit Union 1115 8,344.50	Airport FF Retire. 1334 0.00
Workers Comp	0.00	Annuity 1116 0.00	Cons Peace Retire. 1335 0.00
Other Pay Adj	0.00	Group Life 1117 2,273.44	Corr Officer Retire. 1336 49,023.47
Overtime Pay	23,047.45	Deferred Comp. 1118 6,663.80	Blue Advantage 1343 0.00
Sick Leave Pay	2,000.00	Employee Org. Ins. 1119 0.00	Dental - Spoc 1348 0.00
Compline Pay	0.00	Spoc Health 1120 0.00	Blue Access 1349 0.00
Holiday Pay	0.00	Misc. Deduction 1122 1,131.11	TIAA-CREF Retirement 1352 0.00
Med-Parser Pay	0.00	Dental NonSpoc 1123 3,065.94	Total State Share 102,376.79
Per-Diem Meal Pay	0.00	Illinois WH 1125 0.00	
Per-Diem Cleaning Pay	0.00	Out Of State WH 1126 0.00	
Phased Retire. Incentive	0.00	FICA - Police 1130 0.00	
Move Pay	0.00	Airport FF Retire. 1134 0.00	
Imputed Pay	0.00	Cons Peace Retire. 1135 0.00	
Vacation Payout	0.00	Corr Officer Retire. 1136 32,682.37	230 Permanent Full Time 663,403.67
Reassignment Pay	0.00	Flex Spend Health 1141 1,420.10	0 Statutory 0.00
Income Not Subj Retire	0.00	Blue Advantage 1143 0.00	2 Exempt Full Time 16,366.16
Catastrophic Pay	0.00	Dental Spoc 1148 0.00	0 Permanent Part Time 0.00
Second Language Pay	0.00	Blue Access 1149 12,490.00	0 Exempt Part Time 0.00
Spoc Premium Pay	0.00	Imputed Income 1151 0.00	0 Intermittent 0.00
Vol Firefighter Pay	0.00	TIAA-CREF Retirement 1152 0.00	2 Temporary Exempt 808.82
Spoc Dnr 4% Prem Pay	0.00	Flex Spend Depcare 1160 104.09	0 Project 0.00
Backpay Subj Por Pay	0.00	L.T. Disability Ded 1188 0.00	0 Summer Exempt 0.00
Additional NonBase Pay	0.00	Roth Def Comp Ded 1189 1,845.00	0 Temporary Unauthorized 0.00
Health Incentive Pay	0.00	Garnishment 1500 825.61	234 Total Paid Employees 680,578.65
Total Gross Pay	578,217.69	Wage Assignments 1501 5,321.65	26 Total Vacant 0.00
Total Net Pay	362,511.27	Travel Advance 2115 0.00	2 Total Not Paid 15.83
		Total Employee Share 215,706.42	Total Charged to Salaries 680,594.48
			Total Trustee Amount 318,083.21

Example B-1

Payroll Journal Final PP2

Report ID: 075N436-A	STATE OF IOWA	Pay Period 12/15/17 to 12/28/17
Source: HR Payroll	PAYROLL JOURNAL	
Department: [REDACTED]		
PP Begin Date: 12/15/2017	Run Flag: FINAL	
Report Type: Regular Biweekly Payroll	PAYROLL JOURNAL FINAL	
GRAND TOTAL		
Employee Pay		
Base Pay	546,372.01	
Lead Worker Pay	0.00	
Special Duty Pay	0.00	
Call Back Pay	0.00	
Standby Pay	451.61	
Subsistence Pay	371.20	
Extraordinary Pay	0.00	
Educational Diff Pay	0.00	
Commute Miles Pay	0.00	
Longevity Pay	0.00	
Shift Differential	4,235.60	
Term Leave Pay	7,809.76	
Workers Comp	(1,431.43)	
Other Pay Adj	0.00	
Overtime Pay	7,145.94	
Sick Leave Pay	4,000.00	
Compline Pay	0.00	
Holiday Pay	28,983.57	
Med-Passer Pay	0.00	
Per-Diem Meal Pay	0.00	
Per-Diem Cleaning Pay	0.00	
Phased Retire. Incentive	0.00	
Move Pay	0.00	
Imputed Pay	0.00	
Vacation Payout	0.00	
Reassignment Pay	0.00	
Income Not Subj Retire	0.00	
Catastrophic Pay	0.00	
Second Language Pay	0.00	
Spoc Premium Pay	0.00	
Vol Firefighter Pay	0.00	
Spoc Dmr 4% Prem Pay	0.00	
Backpay Subj Por Pay	0.00	
Additional NonBase Pay	0.00	
Health Incentive Pay	375.00	
Total Gross Pay	598,313.26	
Total Net Pay	370,198.46	
Employee Share		
Fed WH	1101	70,691.41
Maint/Commute/Miles	1102	0.00
State WH	1103	27,647.97
Charitable Contributions	1104	153.00
FICA	1105	44,422.45
Jud Retire.	1106	0.00
Pol Retire.	1107	0.00
IPERS	1108	3,866.11
Employee Org. Dues	1109	0.00
Blue Cross	1110	1,346.25
Temporary Deduction	1114	0.00
Credit Union	1115	8,344.50
Annuity	1116	0.00
Group Life	1117	0.00
Deferred Comp.	1118	10,068.80
Employee Org. Ins.	1119	0.00
Spoc Health	1120	0.00
Misc. Deduction	1122	1,158.58
Dental NonSpoc	1123	3,125.49
Illinois WH	1125	0.00
Out Of State WH	1126	0.00
FICA - Police	1130	0.00
Airport FF Retire.	1134	0.00
Cons Peace Retire.	1135	0.00
Corr Officer Retire.	1136	34,163.26
Flex Spend Health	1141	2,452.25
Blue Advantage	1143	0.00
Dental Spoc	1148	0.00
Blue Access	1149	12,715.00
Imputed Income	1151	0.00
TIAA-CREF Retirement	1152	0.00
Flex Spend Depcate	1160	245.84
L.T. Disability Ded	1188	0.00
Roth Def Comp Ded	1189	2,015.00
Garnishment	1500	627.54
Wage Assignments	1501	5,071.35
Travel Advance	2115	0.00
Total Employee Share		228,114.80
State Share		
FICA	1311	44,422.45
IPERS	1312	5,802.45
Jud Retire.	1313	0.00
Pol Retire.	1314	0.00
Blue Cross	1315	15,591.00
Life Insurance	1317	0.00
L.T. Disability	1318	0.00
Spoc Health	1320	0.00
Deferred Comp	1322	6,794.50
Dental - NonSpoc	1323	8,022.06
FICA - Police	1330	0.00
Airport FF Retire.	1334	0.00
Cons Peace Retire.	1335	0.00
Corr Officer Retire.	1336	51,244.75
Blue Advantage	1343	0.00
Dental - Spoc	1348	0.00
Blue Access	1349	268,392.00
TIAA-CREF Retirement	1352	0.00
Total State Share		400,269.21
Total Charged to Salaries		
230 Permanent Full Time		977,805.20
0 Statutory		0.00
2 Exempt Full Time		20,396.34
0 Permanent Part Time		0.00
0 Exempt Part Time		0.00
0 Intermittent		0.00
1 Temporary Exempt		380.93
0 Project		0.00
0 Summer Exempt		0.00
0 Temporary Unauthorized		0.00
233 Total Paid Employees		998,582.47
33 Total Vacant		0.00
2 Total Not Paid		0.00
Total Charged to Salaries		998,582.47
Total Trustee Amount		628,384.01

Example B-2

Rewrite Final

STATE OF IOWA
PAYROLL JOURNAL

Report ID: 075N436-A
Source: HR Payroll

Department: [REDACTED]

PP Begin Date: 12/15/2017 Report Type: Rewrite

Run Flag: FINAL

GRAND TOTAL			PAYROLL JOURNAL FINAL			Pay Period 12/15/17 to 12/28/17		
Employee Pay			Employee Share			State Share		
Base Pay	1,912.55		Fed WH	1101		FICA	1311	187.71
Lead Worker Pay	0.00		Maint/Commute/Miles	1102		IPERS	1312	0.00
Special Duty Pay	0.00		State WH	1103		Jud Retire.	1313	0.00
Call Back Pay	0.00		Charitable Contributions	1104		Pol. Retire.	1314	0.00
Standby Pay	0.00		FICA	1105		Blue Cross	1315	0.00
Subsistence Pay	0.00		Jud Retire.	1106		Life Insurance	1317	0.00
Extraordinary Pay	0.00		Pol. Retire.	1107		L.T. Disability	1318	0.00
Educational Diff Pay	0.00		IPERS	1108		Spoc Health	1320	0.00
Commute Miles Pay	0.00		Employee Org. Dues	1109		Deferred Comp	1322	0.00
Longevity Pay	0.00		Blue Cross	1110		Dental - NonSpoc	1323	39.73
Shift Differential	0.00		Temporary Deduction	1114		FICA - Police	1330	0.00
Term Leave Pay	0.00		Credit Union	1115		Airport FF Retire.	1334	0.00
Workers Comp	0.00		Annuity	1116		Cons Peace Retire.	1335	0.00
Other Pay Adj	0.00		Group Life	1117		Corr Officer Retire.	1336	217.47
Overtime Pay	0.00		Deferred Comp.	1118		Blue Advantage	1343	0.00
Sick Leave Pay	0.00		Employee Org. Ins.	1119		Dental - Spoc	1348	0.00
Compline Pay	0.00		Spoc Health	1120		Blue Access	1349	1,518.00
Holiday Pay	297.48		Misc. Deduction	1122		TIAA-CREF Retirement	1352	0.00
Med-Parser Pay	0.00		Dental NonSpoc	1123		Total State Share		1,962.91
Per-Diem Meal Pay	0.00		Illinois WH	1125				
Phased Retire. Incentive	0.00		Out Of State WH	1126				
Move Pay	0.00		FICA - Police	1130				
Imputed Pay	0.00		Airport FF Retire.	1134				
Vacation Payout	0.00		Cons Peace Retire.	1135				
Reassignment Pay	0.00		Corr Officer Retire.	1136				
Income Not Subj Retire	0.00		Flex Spend Health	1141				
Catastrophic Pay	0.00		Blue Advantage	1143				
Second Language Pay	0.00		Dental Spoc	1148				
Spoc Premium Pay	0.00		Blue Access	1149				
Vol Firefighter Pay	0.00		Imputed Income	1151				
Spoc Dnr 4% Prem Pay	0.00		TIAA-CREF Retirement	1152				
Backpay Subj Por Pay	0.00		Flex Spend Depcare	1160				
Additional NonBase Pay	0.00		L.T. Disability Ded	1188				
Health Incentive Pay	0.00		Roth Def Comp Ded	1189				
			Garnishment	1500				
			Wage Assignments	1501				
			Travel Advance	2115				
Total Gross Pay	2,210.03		Total Employee Share			Total Charged to Salaries		4,172.94
Total Net Pay	1,172.62					Total Trustee Amount		3,000.32

Example B-2

Cancellation Final

Report ID: 075N447-A	Source: HR Payroll	STATE OF IOWA	Run Date: 01/26/2018	Run Time: 03:36:01 PM	Page: 2 of 2
Department: [REDACTED]	PP Begin Date 12/15/2017	PAYROLL WARRANT CANCELLATION	GRAND TOTALS BY OBJECT CANCELLATION		
Move Pay	0.00				
Health Incentive	0.00				
Add'l Pay	0.00				
Gross Pay	297.48				
		EMPLOYEE SHARE		STATE SHARE	
Fed WH	1101	75.55			
Maint / Commute Miles	1102	0.00			
State WH	1103	21.70			
Charitable Contribution	1104	0.00			
FICA	1105	55.91	1311	55.91	
Jud Retirement	1106	0.00	1313	0.00	
Pol Retirement	1107	0.00	1314	0.00	
IPERS	1108	0.00	1312	0.00	
Employee Org Dues	1109	0.00			
Blue Cross Health	1110	0.00	1315	0.00	
Temporary Deduction	1114	0.00			
Credit Union	1115	0.00			
Annuity	1116	0.00			
Group Life	1117	0.00	1317	0.00	
Deferred Comp	1118	0.00	1322	0.00	
Employee Org. Ins.	1119	0.00			
SPOC Health	1120	0.00	1320	0.00	
Misc Deduction	1122	12.98			
Dental NonSPOC	1123	0.00	1323	0.00	
Illinois WH	1125	0.00			
Other State WH	1126	0.00			
FICA - Police	1130	0.00	1330	0.00	
Airport FF Retirement	1134	0.00	1334	0.00	
CONS Peace Retirement	1135	0.00	1335	0.00	
CORR Officer Retirement	1136	19.51	1336	29.27	
Flex Spend Health	1141	0.00			
Blue Advantage	1143	0.00	1343	0.00	
Dental SPOC	1148	0.00	1348	0.00	
Blue Access	1149	0.00	1349	0.00	
Imputed Income	1151	0.00			
TIAA / CREF Retirement	1152	0.00	1352	0.00	
Flex Spend Dependent Care	1160	0.00			
L.T. Disability	1188	0.00	1318	0.00	
Roth Def Comp	1189	0.00			
Garnishments	1500	0.00			
Wage Assignment	1501	0.00			
Travel Advance	2115	0.00			
Total		185.65		85.18	
Total Transferred to Departments		270.83			

Example 3

31

Transfer Between Carriers (Found on 075181-B or 075N192-B Change report)

32

Example B-5 Billing Summary - 075N193A

075-N193-A DEPT NAME		AGENCY		HEALTH/DENTAL INSURANCE BILLING SUMMARY				PAGE 46
				MONTH OF FEBRUARY, 2018				RUN DATE 02/05/2018
CARRIER	CARRIER AMOUNT	# OF EE COVERED	BALANCED ?	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER		
DELTA DENTAL	38,971.32	634						
DENTAL SPOC	.00	0						
NATIONAL CHOICE	240,241.50	170						
IOWA CHOICE	639,074.00	465						
SPOC	.00	0						

INSTRUCTIONS:

- 1) AGENCY HRA STAFF COMPLETE THIS FORM. RETURN COMPLETED FORM(S) WITH ADDITIONAL PAPERWORK (IF NEEDED) TO DAS-SAE - ATTN: INSURANCE BILLING ADJ COORDINATOR WITHIN (4) WEEKS FROM THE RUN DATE PRINTED ON THIS REPORT.
- 2) 'BALANCED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU HAVE BALANCED THE CARRIER TOTALS USING THE 'PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET'.
- 3) 'ADJUSTMENTS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE MAKING BILLING ADJUSTMENTS ATTACH ALL INSURANCE ADJUSTMENTS PAPERWORK WITH THIS FORM.
- 4) 'CHECKS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE INCLUDING PAYMENTS FROM EMPLOYEES. CHECKS MADE PAYABLE TO 'TREASURER - STATE OF IOWA'. MONTH/YR + HLTH/DENTAL INFO ON MEMO LINE IS HELPFUL.
- 5) 'OTHER COMMENTS' COLUMN - ENTER ADDITIONAL COMMENTS OR EXPLANATIONS AS NEEDED (I.E. EMPLOYEE NAME/EI # THAT APPEARS TO BE A PROBLEM. APPLY AUTO-REFUND, WORKSHEET WILL NOT BALANCE, ETC)

APPENDIX C

BILLING SUMMARY

075-N193-A		AGENCY		HEALTH/DENTAL INSURANCE BILLING SUMMARY				PAGE 46
DEPT NAME				MONTH OF FEBRUARY, 2018				RUN DATE 02/05/2018
CARRIER	CARRIER AMOUNT	# OF EE COVERED	BALANCED ?	ADJUSTMENTS ATTACHED	CHECKS ATTACHED	OTHER		
DELTA DENTAL	38,971.32	634						
DENTAL SPOC	.00	0						
NATIONAL CHOICE	240,241.50	170						
IOWA CHOICE	639,074.00	465						
SPOC	.00	0						

INSTRUCTIONS:

- 1) AGENCY HRA STAFF COMPLETE THIS FORM. RETURN COMPLETED FORM(S) WITH ADDITIONAL PAPERWORK (IF NEEDED) TO DAS-SAE - ATTN: INSURANCE BILLING ADJ COORDINATOR WITHIN (4) WEEKS FROM THE RUN DATE PRINTED ON THIS REPORT.
- 2) 'BALANCED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU HAVE BALANCED THE CARRIER TOTALS USING THE 'PAYROLL JOURNAL RECAP RECONCILIATION WORKSHEET'.
- 3) 'ADJUSTMENTS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE MAKING BILLING ADJUSTMENTS ATTACH ALL INSURANCE ADJUSTMENTS PAPERWORK WITH THIS FORM.
- 4) 'CHECKS ATTACHED' COLUMN - ENTER AN 'X' ON EACH CARRIER LINE IF YOU ARE INCLUDING PAYMENTS FROM EMPLOYEES. CHECKS MADE PAYABLE TO 'TREASURER - STATE OF IOWA'. MONTH/YR + HLTH/DENTAL INFO ON MEMO LINE IS HELPFUL.
- 5) 'OTHER COMMENTS' COLUMN - ENTER ADDITIONAL COMMENTS OR EXPLANATIONS AS NEEDED (I.E. EMPLOYEE NAME/EI # THAT APPEARS TO BE A PROBLEM. APPLY AUTO-REFUND, WORKSHEET WILL NOT BALANCE, ETC)

APPENDIX D

TRUSTEE REPORT ADJUSTMENTS FORM

STATE OF IOWA – CENTRALIZED PAYROLL
HEALTH AND DENTAL INSURANCE TRUSTEE REPORT ADJUSTMENTS

FOR MONTH OF _____ INS. CARRIER _____ DATE COMPLETED _____ PAGE _____ OF _____
THREE DIGIT NUMBER _____ DEPT. NAME _____ DATE OF REVISION #1 _____
DATE OF REVISION #2 _____

[illegible]

APPENDIX E

STATE SHARE TRANSFER FORM

Example E-1

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES STATE SHARE TRANSFER	
Department: _____	Date: _____
Employee Name: _____	SSN: _____
Payroll Number: _____	
Reason for Transfer: _____ _____ _____	
<i>Enter only <u>one</u> employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed, or request may be returned due to insufficient information.</i>	
Insurance Plan: _____	Amount: _____
Insurance Code: _____	
For Month of: _____	
CFN 552-0335 R 4/04	Authorized by: _____

IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES STATE SHARE TRANSFER	
Department: _____	Date: _____
Employee Name: _____	SSN: _____
Payroll Number: _____	
Reason for Transfer: _____ _____ _____	
<i>Enter only <u>one</u> employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed, or request may be returned due to insufficient information.</i>	
Insurance Plan: _____	Amount: _____
Insurance Code: _____	
For Month of: _____	
CFN 552-0335 R 4/04	Authorized by: _____

APPENDIX F

REFUND FORM

Example F-1

Iowa Department of Administrative Services – State Accounting Enterprise

REFUND FOR HEALTH, DENTAL AND LIFE INSURANCE

Name: _____

Department: _____

Date Submitted: _____ **Pay Period of Over-deduction:** _____

10 Digit Payroll Number *	Class and Position Numbers	Employee Number	Social Security Number	Insurance Type (H, D or L)

Date ** (MM-YY)	Insurance Code Being Refunded	Pre-Tax Flag (Y or N)	Refund Amount For Employee	Refund Amount For State Share	Reason for Refund (Code)

Explanation: ***

* Payroll number must correspond to billing report at over-deduction.

** Date - include MM and YY of effective date to which the refund applies.

*** Always include a full explanation regardless of refund reason.

<p><u>Insurance Type</u></p> <p>H = Health</p> <p>D = Dental</p> <p>L = Life</p>	<p><u>Pre-Tax Flag</u></p> <p>Y = Yes Pre-Tax</p> <p>N = No Pre-Tax</p>	<p><u>Reason for Refund</u></p> <p>1 = Termination of Employment</p> <p>2 = Termination of Insurance Coverage Only</p> <p>3 = LTD Leave</p> <p>4 = Transfer Between Plans</p> <p>5 = Incorrect Code</p> <p>6 = Part-time to Full-time</p> <p>7 = Other Reason</p>
--	---	---

NOTE:

Include a separate form for each type of insurance refund (i.e., life, health, dental) for each employee. Always include a full explanation regardless of refund reason.

Authorized Claim Signature _____

CFN 552-0334 R 01/12

APPENDIX G

TRANSFER BETWEEN CARRIERS FORM

Example G-1

Iowa Department of Administrative Services – State Accounting Enterprise
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

Department: _____ Date: _____
Employee Name: _____ SSN: _____
Payroll Number: _____ Month/Year: _____
Reason for Transfer: _____

Enter only one employee name, plan name, insurance code and dollar amount per request.

	<u>FROM</u>	<u>TO</u>
Insurance Plan:	_____	_____
Insurance Code:	_____	_____
Employee's Share	_____	
State Share	_____	

CFN 552-0576 R 4/04

Authorized by: _____

Iowa Department of Administrative Services – State Accounting Enterprise
EMPLOYEE AND/OR STATE SHARE TRANSFER BETWEEN CARRIERS

Department: _____ Date: _____
Employee Name: _____ SSN: _____
Payroll Number: _____ Month/Year: _____
Reason for Transfer: _____

Enter only one employee name, plan name, insurance code and dollar amount per request.

	<u>FROM</u>	<u>TO</u>
Insurance Plan:	_____	_____
Insurance Code:	_____	_____
Employee's Share	_____	
State Share	_____	

CFN 552-0576 R 4/04

Authorized by: _____

APPENDIX H

LIFE/LTD FORMS

Example H-1

Iowa Department of Administrative Services	
LIFE/LTD STATE SHARE TRANSFER	
Department: <input type="text"/>	Date: <input type="text"/>
Employee Name: <input type="text"/>	SSN: <input type="text"/>
Payroll Number: <input type="text"/>	
Reason for Transfer: <input type="text"/>	
<hr/>	
<i>Enter only one employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed or this request may be returned due to insufficient information.</i>	
Check One: <input type="checkbox"/> Life <input type="checkbox"/> LTD	Amount \$ <input type="text"/>
Basic Life Code: <input type="text"/>	<small>*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.</small>
For Month of: <input type="text"/>	
Authorized by: <input type="text"/>	
<small>CFN 005-01 03/14</small>	

Iowa Department of Administrative Services	
LIFE/LTD STATE SHARE TRANSFER	
Department: <input type="text"/>	Date: <input type="text"/>
Employee Name: <input type="text"/>	SSN: <input type="text"/>
Payroll Number: <input type="text"/>	
Reason for Transfer: <input type="text"/>	
<hr/>	
<i>Enter only one employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed or this request may be returned due to insufficient information.</i>	
Check One: <input type="checkbox"/> Life <input type="checkbox"/> LTD	Amount \$ <input type="text"/>
Basic Life Code: <input type="text"/>	<small>*If a leave code of 53, 54, 57 or 59 Life/LTD state shares are automatically paid, this form is not needed.</small>
For Month of: <input type="text"/>	
Authorized by: <input type="text"/>	
<small>CFN 005-01 03/14</small>	

Example H-2

Iowa Department of Administrative Services	
EMPLOYEE SUPPLEMENTAL LIFE PAYMENT	
Department: <input type="text"/>	Date: <input type="text"/>
Employee Name: <input type="text"/>	SSN: <input type="text"/>
Payroll Number: <input type="text"/>	
Leave Code: <input type="text"/>	
<hr/>	
<i>Enter only one employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed or this request may be returned due to insufficient information. Only fill out this form if an employee has provided a check for their supplemental life insurance</i>	
Amount: \$ <input type="text"/>	*Please make sure the amount of the check matches the amount on the supplemental life rate sheets.
Life Supplemental Code: <input type="text"/>	
For Month of: <input type="text"/>	
CFN 005-02 03/14	

Iowa Department of Administrative Services	
EMPLOYEE SUPPLEMENTAL LIFE PAYMENT	
Department: <input type="text"/>	Date: <input type="text"/>
Employee Name: <input type="text"/>	SSN: <input type="text"/>
Payroll Number: <input type="text"/>	
Leave Code: <input type="text"/>	
<hr/>	
<i>Enter only one employee name, plan name, insurance code and dollar amount per request. All fields on form must be completed or this request may be returned due to insufficient information. Only fill out this form if an employee has provided a check for their supplemental life insurance</i>	
Amount: \$ <input type="text"/>	*Please make sure the amount of the check matches the amount on the supplemental life rate sheets.
Life Supplemental Code: <input type="text"/>	
For Month of: <input type="text"/>	
CFN 005-02 03/14	

APPENDIX I

DEDUCTION SCHEDULE

Example I-1

DEDUCTION SCHEDULE 2017 - 2018

2017

Pay Period		Pay	Insurance Effective Date		
Begin*	End	Date		Health and Dental	Life
9/22/2017	10/5/2017	10/13/2017	October	2nd Half/State Share	October
10/6/2017	10/19/2017	10/27/2017	November	1st Half	
10/20/2017	11/2/2017	11/9/2017	November	2nd Half/State Share	November
11/3/2017	11/16/2017	11/22/2017	December	1st Half	
11/17/2017	11/30/2017	12/8/2017	December	2nd Half/State Share	
12/1/2017	12/14/2017	12/22/2017	January	1st Half	December
12/15/2017	12/28/2017	1/5/2018	January	2nd Half/State Share	

2018

Pay Period		Pay	Insurance Effective Date		
Begin*	End	Date		Health and Dental	Life
12/29/2017	1/11/2018	1/19/2018	February	1st Half	January
1/12/2018	1/25/2018	2/2/2018	February	2nd Half/State Share	
1/26/2018	2/8/2018	2/16/2018	March	1st Half	February
2/9/2018	2/22/2018	3/2/2018	March	2nd Half/State Share	
2/23/2018	3/8/2018	3/16/2018	April	1st Half	March
3/9/2018	3/22/2018	3/30/2018		3rd Check - No Deductions	
3/23/2018	4/5/2018	4/13/2018	April	2nd Half/State Share	April
4/6/2018	4/19/2018	4/27/2018	May	1st Half	
4/20/2018	5/3/2018	5/11/2018	May	2nd Half/State Share	May
5/4/2018	5/17/2018	5/25/2018	June	1st Half	
5/18/2018	5/31/2018	6/8/2018	June	2nd Half/State Share	
6/1/2018	6/14/2018	6/22/2018	July	1st Half	June
6/15/2018	6/28/2018	7/6/2018	July	2nd Half/State Share	
6/29/2018	7/12/2018	7/20/2018	August	1st Half	July
7/13/2018	7/26/2018	8/3/2018	August	2nd Half/State Share	
7/27/2018	8/9/2018	8/17/2018	September	1st Half	August
8/10/2018	8/23/2018	8/31/2018		3rd Check - No Deductions	
8/24/2018	9/6/2018	9/14/2018	September	2nd Half/State Share	September
9/7/2018	9/20/2018	9/28/2018	October	1st Half	
9/21/2018	10/4/2018	10/12/2018	October	2nd Half/State Share	October
10/5/2018	10/18/2018	10/26/2018	November	1st Half	
10/19/2018	11/1/2018	11/9/2018	November	2nd Half/State Share	November
11/2/2018	11/15/2018	11/21/2018	December	1st Half	
11/16/2018	11/29/2018	12/7/2018	December	2nd Half/State Share	
11/30/2018	12/13/2018	12/21/2018	January	1st Half	December
12/14/2018	12/27/2018	1/5/2019	January	2nd Half/State Share	

***P-1 Eff. Date**

NOTE: Employee's deductions, when necessary, are taken from both pay periods. If the second half pay period date is used, the system will automatically take the full month's employee share of the premium. The State's share is always made in the second half pay period. No deductions are taken from the third pay check of the month.

If an employee makes changes that result in a premium increase or decrease, and the change is not processed until the second half pay period, the system will adjust the second deduction. If a refund is due to the employee it will be on the next month's billing "Automatic Refund List."

If an employee is terminating, coverage will end on the last day of the month of termination. You need to look at the deduction schedule to determine if or when you need to "zero" out the health and/or dental codes. If the employee has single coverage and it is not the second half deduction (state share) pay period, you do not need to zero out the codes.